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APPLICANTS

Ronald A. Bulard, Ardmore, OK;
 Stephen J. Hardwin, Ardmore, OK;

**** CONTINUING DATA *******

This application is a 371 of PCT/US04/10567 04/05/2004
 which claims benefit of 60/464,958 04/23/2003
 and claims benefit of 60/532,385 12/26/2003 *mp*

**** FOREIGN APPLICATIONS *****

None mp
**** IF REQUIRED, FOREIGN FILING LICENSE GRANTED *** SMALL ENTITY ****
 08/28/2006

Foreign Priority claimed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<i>mp</i> Initials	OK	10	16	1

ADDRESS

NORRIS, MC LAUGHLIN & MARCUS, PA
 875 THIRD AVENUE
 18TH FLOOR
 NEW YORK, NY 10022
 UNITED STATES

TITLE

One piece dental implant and use thereof in prostodontic and orthodontic applications

FILING FEE RECEIVED 580	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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